

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* (Do not count Medicaid.)

- No
- Yes

2. *Just before you got pregnant, were you on Medicaid?*

- No
- Yes

3. *In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?*

- I didn't take a multivitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. *What is your date of birth?*

____ Month ____ Day ____ Year

5. *Just before you got pregnant, how much did you weigh?*

____ Pounds OR ____ Kilos

6. *How tall are you without shoes?*

____ Feet ____ Inches

OR ____ Centimeters

7. *In the three months before you got pregnant, did you have any of the following health problems? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.*

- | | No | Yes |
|---|----|-----|
| a. Asthma | N | Y |
| b. High blood pressure (hypertension) | N | Y |
| c. High blood sugar (diabetes) | N | Y |
| d. Anemia (poor blood, low iron) .. | N | Y |
| e. Heart problems | N | Y |

8. *Before your new baby, did you ever have any other babies who were born alive?*

- No → Go to Page 2, Question
- Yes

9. *Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilo or less at birth)?*

- No
- Yes

10. *Was the baby just before your new one born more than 3 weeks before its due date?*

- No
- Yes

11. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
 I wanted to be pregnant later
 I wanted to be pregnant then
 I didn't want to be pregnant then or at any time in the future

12. When you got pregnant with your new baby, were you trying to become pregnant?

- No
 Yes

Go to Question 15

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes

Go to Question 15

14. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
 I thought I could not get pregnant at that time
 I had side effects from the birth control method I was using
 I had problems getting birth control when I needed it
 I thought my husband or partner or I was sterile (could not get pregnant at all)
 My husband or partner didn't want to use anything
 Other → Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

____ Weeks OR ____ Months

- I don't remember

16. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

_____ Weeks OR _____ Months

I didn't go for prenatal care

17. Did you get prenatal care as early in your pregnancy as you wanted?

No

Yes

I didn't want prenatal care

Go to
Question 19

18. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other → Please tell us:

If you did not go for prenatal care, go to Page 5, Question 26.

19. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center/clinic
- Military facility
- Other → Please tell us:

20. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- City or County Indigent Fund
- Tricare or Military
- Other → Please tell us:

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

- | | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect your baby | N | Y |
| b. Breastfeeding your baby | N | Y |
| c. How drinking alcohol during pregnancy could affect your baby | N | Y |
| d. Using a seat belt during your pregnancy | N | Y |
| e. Birth control methods to use after your pregnancy | N | Y |
| f. Medicines that are safe to take during your pregnancy | N | Y |
| g. How using illegal drugs could affect your baby | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in your family | N | Y |
| i. What to do if your labor starts early | N | Y |
| j. Getting your blood tested for HIV (the virus that causes AIDS) | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

22. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got most of your care. For each item, circle Y (Yes) if you were satisfied or circle N (No) if you were not satisfied.

Were you satisfied with—

- | | No | Yes |
|---|----|-----|
| a. The amount of time you had to wait after you arrived for your visits | N | Y |
| b. The amount of time the doctor or nurse spent with you during your visits | N | Y |
| c. The advice you got on how to take care of yourself | N | Y |
| d. The understanding and respect that the staff showed toward you as a person | N | Y |

23. At any time during your prenatal care, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No
- Yes

24. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
- Yes

25. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the following questions? For each item, circle Y (Yes) if someone asked you about it or circle N (No) if no one asked you about it.

- | | No | Yes |
|--|----|-----|
| a. How much alcohol you were drinking | N | Y |
| b. If someone was hurting you emotionally or physically | N | Y |
| c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.) | N | Y |
| d. If you wanted to be tested for HIV (the virus that causes AIDS) | N | Y |
| e. If you planned to use birth control after your baby was born | N | Y |

26. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
 Yes

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

27. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- No
 Yes

28. Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) | N | Y |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) | N | Y |
| c. Vaginal bleeding | N | Y |
| d. Problems with the placenta (such as abruptio placentae, placenta previa) | N | Y |
| e. Severe nausea, vomiting, or dehydration | N | Y |
| f. High blood sugar (diabetes) | N | Y |
| g. Kidney or bladder (urinary tract) infection | N | Y |
| h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) | N | Y |
| i. Cervix had to be sewn shut (incompetent cervix, cerclage) | N | Y |
| j. You were hurt in a car accident | N | Y |

If you did not have any of these problems go to Page 6, Question 30.

29. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
 I went to the hospital and stayed 1 to 7 days
 I went to the hospital and stayed more than 7 days
 I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

30. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

No —————> Go to Question 34
 Yes

31. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

_____ Cigarettes OR _____ Packs

- Less than 1 cigarette a day
 I didn't smoke
 I don't know

32. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

_____ Cigarettes OR _____ Packs

- Less than 1 cigarette a day
 I didn't smoke
 I don't know

33. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

_____ Cigarettes OR _____ Packs

- Less than 1 cigarette a day
 I don't smoke
 I don't know

34. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

No —————> Go to Question 37
 Yes

35. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

- I didn't drink then
 Less than 1 drink a week
 1 to 3 drinks a week
 4 to 6 drinks a week
 7 to 13 drinks a week
 14 drinks or more a week
 I don't know

- b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- I didn't drink then
 I don't know

36. a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

_____ Times

- I didn't drink then
- I don't know

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

37. This question is about things that may have happened during the *12 months before your new baby was born*. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

- | | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital | N | Y |
| b. You got separated or divorced from your husband or partner . . . | N | Y |
| c. You moved to a new address . . . | N | Y |
| d. You were homeless | N | Y |
| e. Your husband or partner lost his job | N | Y |
| f. You lost your job even though you wanted to go on working . . . | N | Y |
| g. You argued with your husband or partner more than usual | N | Y |
| h. Your husband or partner said he didn't want you to be pregnant . . . | N | Y |
| i. You had a lot of bills you couldn't pay | N | Y |
| j. You were in a physical fight | N | Y |
| k. You or your husband or partner went to jail | N | Y |
| l. Someone very close to you had a bad problem with drinking or drugs | N | Y |
| m. Someone very close to you died . . . | N | Y |

38. a. *During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?*

- No
 Yes

b. *During the 12 months before you got pregnant, did anyone else physically hurt you in any way?*

- No
 Yes

39. a. *During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?*

- No
 Yes

b. *During your most recent pregnancy, did anyone else physically hurt you in any way?*

- No
 Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

40. **When was your baby due?**

 Month Day Year

41. **When did you go into the hospital to have your baby?**

 Month Day Year

I didn't have my baby in a hospital

42. **When was your baby born?**

 Month Day Year

43. **When were you discharged from the hospital after your baby was born?**
 (It may help to use the calendar.)

 Month Day Year

I didn't have my baby in a hospital

44. **After your baby was born, was he or she put in an intensive care unit?**

- No
 Yes
 I don't know

45. **After your baby was born, how long did he or she stay in the hospital?**

- Less than 24 hours (Less than 1 day)
 24–48 hours (1–2 days)
 3 days
 4 days
 5 days
 6 days or more
 My baby was not born in a hospital
 My baby is still in the hospital

46. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- City or County Indigent Fund
- Tricare or Military
- Other —————> Please tell us:

The next questions are about the time since your new baby was born.

47. What is today's date?

____ Month ____ Day ____ Year

48. Is your baby alive now?

- No
- Yes —————> Go to Question 50

49. When did your baby die?

____ Month ____ Day ____ Year

Go to Page 12, Question 67

50. Is your baby living with you now?

- No —————> Go to Page 12, Question 67
- Yes

51. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No
- Yes —————> Go to Question 5

52. What were your reasons for not breastfeeding your new baby?

Check all that apply, then go to Page 10, Question 5

- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I didn't want to be tied down
- I was embarrassed to breastfeed
- I went back to work or school
- My husband or partner did not want me to breastfeed
- I wanted my body back to myself
- A doctor or other health professional told me that I could not or should not breastfeed
- Other —————> Please tell us:

53. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes —————> Go to Page 10, Question 5

54. How many weeks or months did you breastfeed or pump milk to feed your baby?

____ Weeks OR ____ Months

- Less than 1 week

55. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby became sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I became sick and could not breastfeed
- I went back to work or school
- My husband or partner wanted me to stop breastfeeding
- I wanted or needed someone else to feed the baby
- Other _____ → Please tell us:

56. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

_____ Weeks OR _____ Months

- My baby was less than one week old
- I have not fed my baby anything besides breast milk

If your baby was not born in the hospital, go to Question 58.

57. This question asks about things that may have happened at the hospital where your new baby was born. For each item circle Y (Yes) if it happened or circle N (No) if it did not happen.

		No	Yes
a. Hospital staff gave me information about breastfeeding . . .	N		Y
b. My baby stayed in the same room with me at the hospital . . .	N		Y
c. I breastfed my baby in the hospital	N		Y
d. I breastfed my baby in the first hour after my baby was born . . .	N		Y
e. Hospital staff helped me learn how to breastfeed	N		Y
f. My baby was fed only breast milk at the hospital	N		Y
g. Hospital staff told me to breastfeed whenever my baby wanted	N		Y
h. The hospital gave me a gift pack with formula	N		Y
i. The hospital gave me a telephone number to call for help with breastfeeding	N		Y
j. My baby used a pacifier in the hospital	N		Y

If your baby is still in the hospital, go to Page 12, Question 67.

58. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours

- Less than one hour a day
- My baby is never in the same room with someone who is smoking

59. How do you *most often* lay your baby down to sleep now?

Check one answer

- On his or her side
- On his or her back
- On his or her stomach

60. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No → Go to Question 62
- Yes

61. Was your new baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

62. Has your baby had a well-baby checkup?

- No → Go to Question 65
- Yes

63. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

_____ Times

64. Where do you usually take your baby well-baby checkups?

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center/clinic
- Military facility
- Other → Please tell us:

65. Did any of these things keep your baby from having a well-baby checkup?

Check all that apply

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for routine care
- Other → Please tell us:

66. Did your baby have any well-baby shots or vaccinations before he or she was 3 months old? (Don't count shots or vaccinations given in the hospital right after birth.)

- No
- Yes
- My child has not had any well-baby shots, but he or she is not 3 months old yet

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

67. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

No
 Yes → Go to Question 69

68. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check all that apply

- I am not having sex
 I want to get pregnant
 I don't want to use birth control
 My husband or partner doesn't want to use anything
 I don't think I can get pregnant (sterile)
 I can't pay for birth control
 I am pregnant now
 Other → Please tell us:

69. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

No
 Yes

70. In the months after your delivery, w you say that you were—

Check one ans

- Not depressed at all
 A little depressed
 Moderately depressed
 Very depressed
 Very depressed and had to get help

The next questions are about your family and the place where you live.

71. Which rooms are in the house, apartn or trailer where you live?

Check all that a

- Living room
 Separate dining room
 Kitchen
 Bathroom(s)
 Recreation room, den, or family roo
 Finished basement
 Bedrooms → How many? _

72. Counting yourself, how many people live in your house, apartment, or trail

_____ Adults (people aged 18 years or ol
 _____ Babies, children, or teenagers (pec
 _____ aged 17 years or younger)

73. Do you have a telephone in your hom that has been working (in service) for past month?

No
 Yes

74. What were the sources of your household's income during the past 12 months?

Check all that apply

- Paycheck or money from a job
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, veteran benefits, or pensions
- Money from a business, fees, dividends, or rental income
- Money from family or friends
- Other —————> Please tell us:

The next questions are about services you may have received or needed during or after your most recent pregnancy.

If you did not smoke during the 3 months before you got pregnant with your new baby, go to Question 76.

If you did not go for prenatal care, go to Question 76.

75. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to stop smoking?

- No
- Yes
- I had quit smoking before my first prenatal care visit

76. During your most recent pregnancy, did you feel you needed any of the following services? For each thing, circle Y (Yes) if you felt you needed the service or N (No) if you did not feel you needed the service.

Did you need—

- | | No | Yes |
|--|----|-----|
| a. Money to buy food, food stamps, or WIC vouchers | N | Y |
| b. Help with an alcohol or drug problem | N | Y |
| c. Help to reduce violence in your home | N | Y |
| d. Counseling information for family and personal problems . . . | N | Y |
| e. Help to quit smoking | N | Y |
| f. Help with or information about breastfeeding | N | Y |
| g. Other | N | Y |
- Please tell us:

77. During your most recent pregnancy, would you have helped you if a problem had come up? For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Someone else —————> Please tell us:

No one would have helped me

78. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each thing, circle Y (Yes) if you would have had it or circle N (No) if not.

- | | No | Yes |
|---|----|-----|
| a. Someone to loan me \$50 | N | Y |
| b. Someone to help me if I were sick and needed to be in bed | N | Y |
| c. Someone to take me to the clinic or doctor's office if I needed a ride | N | Y |
| d. Someone to talk with about my problems | N | Y |

If your baby is not alive or is not living with you, go to Question 81.

79. Are you currently in school or working outside the home?

- No —————→ Go to Question 81
- Yes

80. Who usually takes care of your new baby when you go to work or school?

Check one answer

- My husband or partner
- Baby's teenage (13 years or older) brother or sister
- Baby's preteen (12 years or younger) brother or sister
- Other close relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at a day-care center
- Other —————→ Please tell us:

81. This question is about the care of your teeth during your most recent pregnancy. For each thing, circle Y (Yes) if it is true or circle N (No) if it is not true.

- | | No |
|--|----|
| a. I needed to see a dentist for a problem | N |
| b. I went to a dentist or dental clinic | N |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N |

82. How long has it been since you had teeth cleaned by a dentist or a dental hygienist?

_____ Months